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CONTRACT NO: DAMD17-92-C-2003

TITLE: CLINICAL RESEARCH OF HIV VACCINE STUDIES ON CHIMPANZES

PRINCIPAL INVESTIGATOR: Dr. Arthur W. Rowe  
Dr. Elizabeth Muchmore

CONTRACTING ORGANIZATION: New York University Medical Center  
550 First Avenue  
New York, New York 10016

REPORT DATE: April 30, 1993

TYPE OF REPORT: Annual Report

PREPARED FOR: U.S. Army Medical Research and  
Development Command, Fort Detrick  
Frederick, Maryland 21702-5012



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**REPORT DOCUMENTATION PAGE**

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<b>1. AGENCY USE ONLY (Leave blank)</b>		<b>2. REPORT DATE</b> 30 Apr 93	<b>3. REPORT TYPE AND DATES COVERED</b> Annual Report (11/21/91-11/20/92)	
<b>4. TITLE AND SUBTITLE</b> Clinical Research of HIV Vaccine Studies on Chimpanzees			<b>5. FUNDING NUMBERS</b> Contract No. DAMD17-92-C-2003	
<b>6. AUTHOR(S)</b> Dr. Arthur W. Rowe Dr. Elizabeth Muchmore			63105A. 30263105DH29.HF.042 WUDA335984	
<b>7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)</b> New York University Medical Center 550 First Avenue New York, New York 10016			<b>8. PERFORMING ORGANIZATION REPORT NUMBER</b>	
<b>9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES)</b> U.S. Army Medical Research & Development Command Fort Detrick Frederick, Maryland 21702-5012			<b>10. SPONSORING / MONITORING AGENCY REPORT NUMBER</b>	
<b>11. SUPPLEMENTARY NOTES</b>				
<b>12a. DISTRIBUTION / AVAILABILITY STATEMENT</b>  Approved for public release; distribution unlimited			<b>12b. DISTRIBUTION CODE</b>	
<b>13. ABSTRACT (Maximum 200 words)</b>  Twelve Chimpanzees housed in the LEMSIP facilities have been assigned to this project involving research on HIV vaccine studies. The attached table indicates the chimpanzees that are currently in the assigned pool of animals. This is a "dynamic" pool of animals where chimpanzees are used and replaced as needed and does represent the specific animals that will eventually be selected for vaccine study.				
<b>14. SUBJECT TERMS</b> RAI; HIV; AIDS; Vaccine; Immune Response; Lab animals; Chimpanzees; Biotechnology			<b>15. NUMBER OF PAGES</b>	
			<b>16. PRICE CODE</b>	
<b>17. SECURITY CLASSIFICATION OF REPORT</b>  Unclassified	<b>18. SECURITY CLASSIFICATION OF THIS PAGE</b>  Unclassified	<b>19. SECURITY CLASSIFICATION OF ABSTRACT</b>  Unclassified	<b>20. LIMITATION OF ABSTRACT</b>  Unlimited	

## FOREWORD

In conducting research using animals, the investigator(s) adhered to the "Guide for the Care and Use of Laboratory Animals," prepared by the Committee on Care and Use of Laboratory Animals of the Institute of Laboratory Animal Resources, National Research Council (NIH Publication No. 86-23, Revised 1985).

Citations of commercial organizations and trade names in this report do not constitute an official Department of the Army endorsement or approval of the products or services of these organizations.

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DTIC TAB	<input type="checkbox"/>
Unannounced	<input type="checkbox"/>
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Availability Codes	
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## SCIENTIFIC PROGRESS

Twelve chimpanzees housed in the LEMSIP facilities have been assigned to this project involving research on HIV vaccine studies. The attached table indicates the chimpanzees that are currently in the assigned pool of animals. This is a "dynamic" pool of animals where chimpanzees are used and replaced as needed and does represent the specific animals that will eventually be selected for vaccine study.

The accompanying table provides detailed information on each animal in this dynamic pool. The history of each animal includes year of birth, current weight, viral exposure, regimen, clinical notes, source and previous user. All animals are observed daily. Periodic physicals and monitoring of liver enzymology, hematology, TB, urinalysis and parasitology is done on each animal and all remain healthy.

The available animals have not yet been subjected to any studies as outlined in the contract proposal, hence, there is no scientific progress to report. We eagerly await initiation of the studies.

A site visit to LEMSIP was made on 9 December 1992 by Ms. T. Nelson, Contracting Officer, Col. P. Zack, Contracting officer, Col. N. Powell, Animal Use Review Officer and Dr. M. Lewis of the Henry M. Jackson Foundation Research Laboratory in Rockville, MD. The purpose of the meeting was to inspect the facilities and to meet with LEMSIP faculty and staff prior to initiation of the anticipated studies. Col. Powell inspected IACUC committee reports and reviewed AALAC accreditation requirements with LEMSIP. Discussions were held regarding the options available for taking care of infected animals after the end of the study. Specific capabilities involving Flow Cytometry, PCR analysis and virus isolation were assessed to make plans for effecting future investigative research.

A detailed financial report of expenditures involving this contract period was prepared by the Controller's office of the New York University Medical Center. A copy of this report is attached.

## PLANS FOR THE NEXT REPORT PERIOD

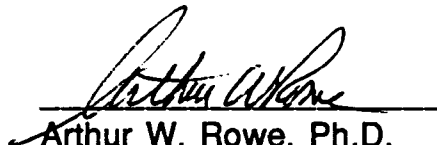
After meeting with representatives of the U.S. Army Medical Research and Development Command, specific details regarding animal sampling and shipment of samples from LEMSIP in Tuxedo, N.Y. to Jackson Laboratories facility. We anticipate initiation of inoculation experiments involving the available chimpanzees once reliable sample delivery has been established.

## DISTRIBUTION

This report is being sent to:

- Office of Naval Research, NY (1 copy)
- Commander/Director, Walter Reed Army Inst. of Rsch. (4 copies)
- Commander, U.S. Army Med. Research & Development Command,  
Fort Detrick, MD (1 copy)

Report Prepared by:

  
Arthur W. Rowe, Ph.D.  
Professor  
LEMSIP-New York University  
Medical Center

# CHIMPANZEES ON RESERVE FOR DOD CLINICAL RESEARCH OF HIV VACCINE STUDIES

#	CH	Animal	YOB	WT	WN	HB	NAB	HC	HA	EB	CM	TX	MAB	BR	BG	Clinical Notes
1	367	Butch	'67	49	L	0.5	4	0	2			0				LGV
2	583	Lil Guy	'72	52	L	2	0	0				0		0		Liver Hematoma/GI ab
3	633	C.Brown		53	L	2	0	0	0		2			0		ENZ, Cirrhosis
4	623	Fred B.	'75	54	L	0.5	2	0			2			0		
5	363	Tommy	'68	57	L	2	4	0	2			0				
6	591	Navy Bob	'57	59	L	2	2	0				0		0		Fibrosarcoma
7	31	Lippy	'67	60	L	3	0	3	2					1		LBx/HDV
8	517	James	'62	61	L	0.5	2	?			O'85			0		
9	291	Cochise	'74	64	L	2	2	0	0					1		
10	671	Jimmy	'73	66	L	2	2	3						0		
11	509	Walter B.		68	L	0.5	2	3	2		O'85			0		Cataract
12	335	Leo	'62	64	HL	2	2	3	2			0	0	0	2	

Key:

- 0 Naive
- 0.5 - 1 Exposed but negative
- 2 Surface Antibody
- 3 Antigen Carrier
- 4 Two Strains Given

Dept

Standard Form 1034 Revised January 1980 Department of the Treasury TFRM 4-2000		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO.  7																							
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION Administrative Contracting Office Office of Naval Research (N62927) Resident Representative 33 Third Avenue - Lower Level New York, NY 10003-9998				DATE VOUCHER PREPARED		SCHEDULE NO.																							
				March 17, 1993																									
				CONTRACT NUMBER AND DATE																									
				17-92-C-2003		PAID BY																							
				REQUISITION NUMBER AND DATE																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>PAYEE'S NAME AND ADDRESS</b>             New York University Medical Center            550 First Avenue            New York, NY 10016         </div> <div style="width: 30%;"></div> </div>							DATE INVOICE RECEIVED																						
							DISCOUNT TERMS																						
							PAYEE'S ACCOUNT NUMBER																						
							60-1-8306																						
SHIPPED FROM				TO		WEIGHT																							
						GOVERNMENT B/L NUMBER																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">NUMBER AND DATE OF ORDER</th> <th rowspan="2">DATE OF DELIVERY OR SERVICE</th> <th rowspan="2">ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small></th> <th rowspan="2">QUANTITY</th> <th colspan="2">UNIT PRICE</th> <th rowspan="2">AMOUNT <span style="float: right;">(1)</span></th> </tr> <tr> <th>COST</th> <th>PER</th> </tr> </thead> <tbody> <tr> <td>November 1, 1992  to  December 31, 1992</td> <td></td> <td>           For details, see attached page            Cost Reimbursable-Provisional Payment            "I certify that all payments requested            are for appropriate purposes and in            accordance with the agreements set forth            in the application and award documents."   <div style="text-align: center;">              3/19/93              Anthony Marsicano, Assistant Controller           </div> </td> <td></td> <td></td> <td></td> <td>\$57,797.61</td> </tr> <tr> <td colspan="6" style="text-align: right;"><b>TOTAL</b></td> <td>\$57,797.61</td> </tr> </tbody> </table>							NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE		AMOUNT <span style="float: right;">(1)</span>	COST	PER	November 1, 1992  to  December 31, 1992		For details, see attached page Cost Reimbursable-Provisional Payment "I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the application and award documents."  <div style="text-align: center;">              3/19/93              Anthony Marsicano, Assistant Controller           </div>				\$57,797.61	<b>TOTAL</b>						\$57,797.61
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE		AMOUNT <span style="float: right;">(1)</span>																							
				COST	PER																								
November 1, 1992  to  December 31, 1992		For details, see attached page Cost Reimbursable-Provisional Payment "I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the application and award documents."  <div style="text-align: center;">              3/19/93              Anthony Marsicano, Assistant Controller           </div>				\$57,797.61																							
<b>TOTAL</b>						\$57,797.61																							
<small>(Use continuation sheet(s) if necessary)</small> <small>(Payee must NOT use the space below)</small>																													
<b>PAYMENT:</b> <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR		EXCHANGE RATE		DIFFERENCES  Amount verified; correct for  (Signature or initials)																							
		= \$		= \$1.00																									
		BY:																											
		TITLE																											
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.																													
<div style="display: flex; justify-content: space-between;"> <div>(Date)</div> <div>(Authorized Certifying Officer)<sup>2</sup></div> <div>(Title)</div> </div>																													
ACCOUNTING CLASSIFICATION																													
PAID BY	CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER																								
	CASH		DATE		ON (Name of bank)																								
	\$				PAYEE <sup>3</sup>																								
<sup>1</sup> When stated in foreign currency, insert name of currency. <sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. <sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.						PER  TITLE																							

Standard Form 1035  
SEPTEMBER 1973  
4 TREASURY FORM 2000  
7035-113

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

SCHEDULE NO.

SHEET NO. 1

CONTINUATION SHEET 60-1-8306

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT

U.S. Army Medical Research Acquisition

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT
				COST	PER	
NYU Medical Center 550 First Avenue New York, NY 10016		Contract No. DAM 17-92-C-2003 Target/Estimated Cost				\$465,000.00
		<u>Analysis of Claimed Current and Cumulative Costs and Fees Earned</u>				
			Amount for Current Period Billed			Cumulative Amount from Inception to Date of this Billing
		Major Cost Elements				
		Salaries	\$ 6,525.00			\$ 44,799.19
		Fringe Benefits	1,800.90			10,917.28
		Animal Charges	31,921.71			189,003.28
		Equipment	-0-			41,850.00
		Travel	2,500.00			3,765.00
		Assignment FTE	-0-			69,000.00
		Research Services	15,050.00			31,250.00
		Total Cost	\$57,797.61			\$390,584.75



DEA

Standard Form 1034 Revised January 1980 Department of the Treasury 1798a-4-2000 1034-118		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				FORM NO.  <b>6</b>	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <b>U.S. Army Medical Research Acquisition Activity Attn: SGRD-RMA-RM Fort Detrick Federick, MD 21702-5104</b>				DATE VOUCHER PREPARED <b>April 14, 1993</b>		SCHEDULE NO.	
				CONTRACT NUMBER AND DATE <b>DAMD 17-92-C-2003</b>		PAID BY	
				REQUISITION NUMBER AND DATE			
PAYEE'S NAME AND ADDRESS  <b>New York University Medical Center 550 First Avenue New York, NY 10016</b>				DATE INVOICE RECEIVED			
				DISCOUNT TERMS			
				PAYEE'S ACCOUNT NUMBER <b>60-1-8306</b>			
				GOVERNMENT S/L NUMBER			
SHIPPED FROM		TO		WEIGHT			
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE		AMOUNT	
				COST	PER		
August 1, 1992  to  October 31, 1992		For details, see attached page Cost Reimbursable-Provisional Payment "I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the application and award documents."  <i>Anthony Marsicano 4/10/93</i> <b>Anthony Marsicano, Assistant Controller</b>				\$76,233.60	
(Use continuation sheet(s) if necessary)		(Payee must NOT use the space below)				TOTAL	\$76,233.60
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR		EXCHANGE RATE		DIFFERENCES		
	BY 1						
TITLE		(Signature or initials)					
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.							
(Date)		(Authorized Certifying Officer) <sup>2</sup>				(Title)	
ACCOUNTING CLASSIFICATION							
PAID BY	CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER		ON (Name of bank)
	CASH		DATE		PAYEE <sup>3</sup>		
						PER	
						TITLE	

<sup>1</sup> When stated in foreign currency, insert name of currency.

<sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

<sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

Previous edition usable

U.S. GOVERNMENT PRINTING OFFICE 1988-O-491-248/20830

NSN 7540-00-63-4206

**PRIVACY ACT STATEMENT**  
The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Standard Form 1035 SEPTEMBER 1973 4 TREASURY FORM 2000 7035-112		<b>PUBLIC VOUCHER FOR PURCHASES AND          SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO. <hr/> SCHEDULE NO. <hr/> SHEET NO.	
		<b>CONTINUATION SHEET</b>				60-1-8306	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT							
U.S. Army Medical Research Acquisition							
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				COST	PER		
NYU Medical Center 550 First Avenue New York, NY 10016		Contract No. DAM 17-92-C-2003 Target/Estimated Cost					
		<u>Analysis of Claimed Current and          Cumulative Costs and Fees Earned</u>					
		Amount for Current Period Billed				Cumulative Amt from Inception to Date of this Billing	
		<u>Major Cost Elements</u>					
		<u>Salaries</u>	\$10	191	00	\$ 38,274.19	
		<u>Fringe Benefits</u>	2	657	28	9,116.38	
		<u>Animal Charges</u>	45	920	32	157,081.57	
		<u>Equipment</u>		-0-		41,850.00	
		<u>Travel</u>	1	265	00	1,265.00	
		<u>Assignment Fee</u>		-0-		69,000.00	
		<u>Research Services</u>	16	200	00	16,200.00	
		Total Direct Cost	<u>\$76</u>	<u>233</u>	<u>60</u>	<u>\$332,787.14</u>	

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

5

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

Administrative Contracting Office  
Office of Naval Research (N62927)  
Resident Representative  
33 Third Avenue - Lower Level  
New York, NY 10003-9998

DATE VOUCHER PREPARED

August 25, 1992

CONTRACT NUMBER AND DATE

17-92-C-2003

REQUISITION NUMBER AND DATE

SCHEDULE NO.

PAID BY

PAYEE'S  
NAME  
AND  
ADDRESS

New York University Medical Center  
550 First Avenue  
New York, NY 10016

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

60-1-8306

GOVERNMENT S/L NUMBER

SHIPPED FROM

TO

WEIGHT

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT
				COST	PER	
May 1, 1992 to July 31, 1992		For details, see attached page Cost Reimbursable-Provisional Payment "I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the application and award documents."  <i>Anthony Marsica</i> 8/25/92 Anthony Marsica, Assistant Controller				\$68,680.11

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

\$68,680.11

PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES	
	= \$	= \$1.00		
	BY			
	TITLE		Amount verified; correct for	
			(Signature or initials)	

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer)<sup>1</sup>

(Title)

**ACCOUNTING CLASSIFICATION**

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE	

<sup>1</sup> When stated in foreign currency, insert name of currency.

<sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.

<sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

PER

TITLE

revisions edition visible

U.S. GOVERNMENT PRINTING OFFICE: 1988-O-481-248/20630

NSN 7540-00-634-4204

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Standard Form 1035  
SEPTEMBER 1973  
4 TREASURY FM 2000  
7035-113

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

VOUCHER NO

5

SCHEDULE NO.

SHEET NO.

**CONTINUATION SHEET** NYU #60-1-8306

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT

US Army Medical Research Acquisition

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal sup- ply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT
				COST	PER	
NYU Medical Center 550 First Avenue New York, NY 10016		Contract No. DAM 17-92-C-2003 Target/Estimated Cost				\$275,000.00
		Analysis of Claimed Current and Cumulative Costs and Fees Earned				Cumulative Amt. from Inception to Date of this Billing
			Amount for Current Period Billed			
			5/1/92-7/31/92			
		<u>Major Cost Elements</u>				
		Salaries	\$10	045	00	\$ 28,063.19
		Fringe Benefits	2	310	35	6,459.10
		Equipment	15	750	00	41,850.00
		Animal Charges	40	574	76	111,161.25
		Assignment Fee		-0-		69,000.00
		Total Direct Costs	68	680	11	256,553.54
		Indirect Costs		-0-		-0-
		Total Cost	<u>\$68</u>	<u>680</u>	<u>11</u>	<u>\$256,553.54</u>

Standard Form 1034 Revised January 1980 Department of the Treasury 1790a-4-7000 103-118		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO  4		
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION Administrative Contracting Office Office of Naval Research (N62927) Resident Representative 33 Third Avenue - Lower Level New York, NY 10003-9998				DATE VOUCHER PREPARED May 28, 1992		SCHEDULE NO.		
				CONTRACT NUMBER AND DATE 17-92-C-2003		PAID BY		
				REQUISITION NUMBER AND DATE				
PAYEE'S NAME AND ADDRESS  New York University Medical Center 550 First Avenue New York, NY 10016				DATE INVOICE RECEIVED		PAYEE'S ACCOUNT NUMBER 60-1-8306		
				DISCOUNT TERMS				
				GOVERNMENT B/L NUMBER				
				SHIPPED FROM		TO		WEIGHT
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE COST      PER		AMOUNT		
April 1, 1992 to April 30, 1992		For details, see attached page Cost Reimbursable-Provisional Payment "I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the application and award documents."  <i>Anthony Marsicano</i> 6/5/92 Anthony Marsicano, Assistant Controller				\$17,231.90		
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)						TOTAL	\$17,231.90	
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR		EXCHANGE RATE		DIFFERENCES		
		BY		AMOUNT VERIFIED; CORRECT FOR		(Signature or initials)		
		TITLE		AMOUNT VERIFIED; CORRECT FOR				
		TITLE		AMOUNT VERIFIED; CORRECT FOR				
		TITLE		AMOUNT VERIFIED; CORRECT FOR		AMOUNT VERIFIED; CORRECT FOR		
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.								
(Date)		(Authorized Certifying Officer) <sup>1</sup>				(Title)		
ACCOUNTING CLASSIFICATION								
PAID BY	CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER		ON (Name of bank)	
	CASH		DATE		PAYEE		PER	
<sup>1</sup> When stated in foreign currency, insert name of currency. <sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. <sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.						TITLE		
						TITLE		

Previous edition obsolete

U.S. GOVERNMENT PRINTING OFFICE: 1988-0-491-248/20630

NSN 7540-00-634-206

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

VOUCHER NO.

SCHEDULE NO.

SHEET NO.

CONTINUATION SHEET NYU A/C 60-1-8306

1

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT

U.S. Army Medical Research Acquisition Act

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT
				COST	PER	
NYU Medical Center 550 First Avenue New York, NY 10016		Contract No. DAMD17-92-C-2003 Traget/Estimated Cost				\$275,000.00
		<u>Analysis of Claimed Current and Cumulative Costs and Fees Earned</u>				
			Amount for Current Period Billed			Cumulative Amt from Inception to Date of this Billing
			4/1/92-4/30/92			
		<u>Major Cost Elements</u>				
		Salaries	\$ 3	253	00	\$ 18,038.19
		Fringe Benefits		748	00	4,148.75
		Animal Charges	13	230	90	70,586.49
		Assignment Fees		-0-		69,000.00
		Equipment		-0-		26,100.00
		Total Direct Costs	17	231	90	187,873.43
		Indirect Costs		-0-		-0-
		Total Cost	\$ 17	231	90	\$187,873.43

Standard Form 1034 Revised January 1980 Department of the Treasury 1178a-4-2000 1034-118		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.  <div style="text-align: center; font-size: 24px;">3</div>		
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION Administrative Contracting Officer Office of Naval Research (N62927) Resident Representative 33 Third Avenue - Lower Level New York, NY 10003-9998				DATE VOUCHER PREPARED <div style="text-align: center;">April 24, 1992</div>		SCHEDULE NO.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <b>PAYEE'S NAME AND ADDRESS</b>             New York University Medical Center            550 First Avenue            New York, NY 10016         </div> <div style="width: 60%;"></div> </div>				CONTRACT NUMBER AND DATE <div style="text-align: center;">17-92-C-2003</div>		PAID BY		
				REQUISITION NUMBER AND DATE				
				DATE INVOICE RECEIVED				
								DISCOUNT TERMS
SHIPPED FROM		TO		WEIGHT		GOVERNMENT B/L NUMBER		
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">COST</div> <div style="width: 45%;">PER</div> </div>		AMOUNT		
February 1, 1992  to  March 31, 1992		For details, see attached page Cost Reimbursable-Provisional Payment "I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the application and award documents."  <div style="text-align: right;"> <i>Anthony Marsicano</i> 4/24/92          Anthony Marsicano, Assistant Controller       </div>				<div style="text-align: right; font-size: 18px;">\$21,906.93</div>		
(Use continuation sheet(s) if necessary)						<b>TOTAL</b> \$21,906.93		
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR  <div style="text-align: center;">= \$</div>		EXCHANGE RATE  <div style="text-align: center;">= \$1.00</div>		DIFFERENCES		
		BY:		Amount verified, correct for				
		TITLE						
				(Signature or initials)				
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.								
(Date)		(Authorized Certifying Officer) <sup>1</sup>			(Title)			
ACCOUNTING CLASSIFICATION								
PAID BY	CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER		ON (Name of bank)	
	CASH		DATE		PAYEE <sup>2</sup>			
\$								
<sup>1</sup> When stated in foreign currency, insert name of currency. <sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. <sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.						PER		
						TITLE		

Previous edition obsolete

U.S. GOVERNMENT PRINTING OFFICE: 1988-O-481-248/20836

NSN 7540-00-634-4306

PRIVACY ACT STATEMENT

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PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

SCHEDULE NO.

SHEET NO.

CONTINUATION SHEET NYU A/C 60-1-8306

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT

U.S. Army Medical Research Acquisition Act

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT
				COST	PER	
NYU Medical Center 550 First Avenue New York, NY 10016		Contract No. DAMD17-92-C-2003 Traget/Estimated Cost				\$275,000.00
		<u>Analysis of Claimed Current and Cumulative Costs and Fees Earned</u>				
		<u>Major Cost Elements</u>				
		Salaries	\$ 6	695	00	\$ 14,785.19
		Fringe Benefits	1	540	00	3,400.75
		Animal Charges	13	671	93	57,355.59
		Assignment Fees		-0-		69,000.00
		Equipment		-0-		26,100.00
		Total Direct Costs	21	906	93	170,641.53
		Indirect Costs		-0-		-0-
		Total Cost	\$ 21	906	93	\$170,641.53



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Standard Form 1034 Revised January 1980 Department of the Treasury 1790A-4-2000 1034-118		<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>				VOUCHER NO  2	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION  U.S. Army Medical Research Acquisition Activity Attn: SGRD-RMA-RM Fort Detrick-Federick, MD 21702-5104				DATE VOUCHER PREPARED March 18, 1992		SCHEDULE NO.	
PAYEE'S NAME AND ADDRESS  New York University Medical Center 550 First Avenue New York, NY 10016				CONTRACT NUMBER AND DATE DAMD 17-92-C-2003		PAID BY	
				REQUISITION NUMBER AND DATE			
				DATE INVOICE RECEIVED			
				DISCOUNT TERMS		PAYEE'S ACCOUNT NUMBER 60-1-8306	
SHIPPED FROM		TO		WEIGHT		GOVERNMENT B/L NUMBER	

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract of Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE		AMOUNT
				COST	PER	
January 1, 1992 to January 31, 1992		For details, see attached page Cost Reimbursable-Provisional Payment "I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the application and award documents."   Anthony Marsicano, Assistant Controller				\$29,918.89
TOTAL						\$29,981.89

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)

PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
	= \$	= \$1.00	
	BY :		
	TITLE		<small>Amount verified; correct for</small>
			<small>(Signature or initials)</small>

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)
(Authorized Certifying Officer)<sup>2</sup>
(Title)

ACCOUNTING CLASSIFICATION

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE <sup>3</sup>	

<sup>1</sup> When stated in foreign currency, insert name of currency.  
<sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.  
<sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

Previous edition obsolete

U.S. GOVERNMENT PRINTING OFFICE: 1986-0-491-248/20830

NSN 7540-00-634-4206

**PRIVACY ACT STATEMENT**

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PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

1

SCHEDULE NO.

SHEET NO.

CONTINUATION SHEET A/C 60-1-8306

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT
				COST	PER	
NYU Medical Center 550 First Avenue New York, NY 10016		Contract No. DAMD 17-92-C-2003 Traget/Estimated Cost				\$275,000.00
		<u>Analysis of Claimed Current and Cumulative Costs and Fees Earned</u>				
			Amount for Current Period Billed 1/1/92-1/31/92			Cumulative Amt from Inception to Date of this Billing
		<u>Major Cost Elements</u>				
		Salaries	\$ 2 861 86			\$ 8,090.19
		Fringe Benefits		658 23		1,860.75
		Animal Charges	26 461 80			43,683.66
		Assignment Fees		-0-		69,000.00
		Equipment		-0-		26,100.00
		Total Direct Costs	29 981 89			148,734.60
		Indirect Costs		-0-		-0-
		Total Cost	\$ 29 981 89			\$148,734.60